

REPORT OF THE ACTION TEAMS ON NURSING

January 2000

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Executive Summary

The changes that have occurred in the health care system in Nova Scotia since 1993 have impacted all health care occupations. Nursing, which makes up the majority of health care professionals in our system, has been impacted in a particular way. The process of downsizing in the acute care sector; the expansion of and developments in ambulatory care, long term care, public health and home care; the increase in patient acuity in acute and long term care; the increased number of medical specialties in the province; the current utilization pattern of registered nurses and licensed practical nurses; and the successful recruitment of Nova Scotia nurses to other provinces and countries have had negative consequences on the recruitment and ultimately the supply of nurses in the province of Nova Scotia.

In June of 1999, at the request of the Deputy Minister of Health, two nursing action teams were established. The Action Team on Nursing Education Strategies was formed with the mandate to provide recommendations for nursing school enrollment expansion and continuing education for registered nurses and licensed practical nurses. The mandate of the Action Team on Staffing was to address strategies to stabilize the existing nursing workforce through recommendations for an equitable distribution of new nursing positions among health care organizations; a methodology for the conversion of casual positions to full-time positions; and the development of a provincial nursing recruitment framework. The mandates were verbally reconfirmed in September 1999 by the newly appointed Minister of Health. At the time of submitting this report, the dedicated funding for the enrollment expansion had been given. Dedicated funding for the new nursing positions and casual positions has not yet been confirmed.

The shortage of nursing staff, evidenced by the current vacancies in all sectors, is a serious problem in this province. The point is quickly approaching where public safety will be at risk. This situation will continue to deteriorate unless the necessary funding to stabilize the current nursing workforce is provided by government. To stabilize the existing core complements within the health agencies in the province it is estimated that \$36 million is required on an annualized.

A provincially coordinated recruitment initiative is urgently needed. This must include a professional marketing program delivered through all available resources such as the internet, job fairs, professional journals, and direct to candidate interaction. Nova Scotia salaries and benefits must be competitive with other provincial jurisdictions and in addition, must offer competitive recruitment and retention incentives such as relocation allowances, signing bonuses, adequate orientation, continuing education and retraining activities.

The nursing professions' attractiveness as a career and the perceptions of the working conditions in practice environments will influence the number of nurses enrolled in nursing programs and health care delivery agencies. The positive and successful response to the nursing enrollment expansion at St. FX and Dalhousie must be sustained.

Many groups nationally and provincially have studied and reported on the issues related to nursing resources over the past two years. The observations and recommendations outlined in this report are an important starting point for action. The action teams strongly urge that immediate action be taken on the recommendations. As time passes the issues are escalating in urgency and the systems' capacity to respond is steadily declining.

Recommendations

The Nursing Action Teams recommend:

- 1 Nursing budgetary processes be standardized among all organizations funded by the Department of Health.
- 2 Money be allocated to organizations to enable employers to supplement existing core nursing staff complements (see exhibits 1 and 2).
- 3 Develop in concert with unions, innovative approaches to the deployment and compensation of casuals.
- 4 A provincially coordinated recruitment initiative, integrated across all sectors be implemented immediately, and simultaneously processes be put in place to address systemic issues such as casualization, workload and quality of work life.
- 5 A standing committee be established to regularly monitor and review enrollment with regular reporting to the appropriate government department. The membership should be similar to the Action Team.
- 6 The Department of Health develop a provincial approach to communicate broadly and administer bursary funds to RN and LPN students. Bursary support should be consistent with the principles and allocations provided for in financial incentives programs currently dedicated to other health disciplines and competitive with other Canadian jurisdictions.

- 7 The bursary incentive be integrated, monitored and evaluated in the overall framework for the recruitment and retention of nurses in the Province of Nova Scotia.
- 8 The Deputy Minister of Health establish a committee to review funding mechanisms for nursing education programs comprised of the representatives from Dalhousie University, St. Francis Xavier University, a representative from the Nova Scotia Council on Higher Education, the Department of Health and the Registered Nurses Association of Nova Scotia.
- 9 The Department of Health Nursing Policy Advisor coordinate a provincial process to oversee the identification, funding implementation and evaluation of ongoing continuing education requirements for RNs and LPNs.
- 10 The Department of Health Nursing Policy Advisor in consultation with key stakeholders, including nurse managers from all sectors of the health care system develop standards and a funding formula to support orientation.
- 11 The Nursing Policy Advisor, in consultation with the universities, practice sites and unions develop and evaluate orientation strategies (e.g. preceptorship programs) that can be applied across all sectors in the health care system.
- 12 The membership of the PCW advisory committee to the DOH be expanded to include an RN and LPN who represent their respective regulatory authorities.

Introduction

In addressing the mandates given to the Action Teams on Nursing Education and Staffing it became apparent that the recommendations of the teams must be integrated taking into account the dimensions of staffing (number, mix development), the level and type of education required and the working conditions as they relate to the achievement of the overall vision and objectives of the health care system in Nova Scotia.

Therefore, this report reflects the collective work of the two action teams. The Action Team on Staffing is presented in the first section of the report followed by the Action Team on Nursing Education Strategies and finally, the overall conclusion.

**Report on the Action Team
on Staffing**

Mandate

The Action Team on Nursing Staffing in Hospitals, hereafter referred to as the Nursing Action Team, was established by the Department of Health in June 1999. Our mandate was to provide the Department and the Provincial Leadership Committee (PLC) with recommended criteria and conditions for the provision of funding to cover the cost of casual conversions and the creation of new nursing positions; and to recommend a nursing recruitment strategy for the Province. (See Appendix A for specific terms of reference).

Initially this mandate focused only on acute care. At the recommendation of the Nursing Action Team, this was extended by Deputy Minister Kenny to include public health and long term care. The Nursing Action Team was advised that home care nurse staffing needs had been elsewhere addressed. (Action Team Membership is appended under Appendix B).

Process and Guiding Principles

Early in our deliberations, the decision was made to build on previous work on this subject and specifically the work of the Senior Patient Care Leadership Group which assessed nurse staffing needs in hospitals in consultation with public health as recently as April-May of 1999.

Consensus was reached on *key principles* to guide decision-making and the Nursing Action Team's recommendations. These principles were:

- The stabilization of existing core nursing staff complements in acute care, public health and long term care.
- A reduction in the number of hours contributed to the work force by casuals.
- The implementation of innovative approaches to the deployment of casual nursing staff. It is recognized that a certain element of casualization is essential to adequately staff healthcare organizations. Consequently, new approaches are required to make casualization a more attractive and fulfilling work option for those who must choose this option at some point in their careers.

The Assessment of Nurse Staffing Needs

The Action Team agreed that the stabilization of existing core nurse complements was essential to meet current utilization demands and to improve the quality of work life for nursing staff currently employed in the system.

For *acute care and public health*, each regional health board and non-designated organization was asked to determine the number of additional RN FTEs and LPN FTEs required to stabilize its existing core nursing complement. The following criteria were provided to guide the RHBs/NDOs in making this determination:

- Core staffing is defined as the number of nursing staff required for the average occupancy and the average care hours for a patient population on a unit.
- Core staffing is inclusive of budgeted, paid time off.
- New positions will be RN and LPN positions only.
- New nursing positions are to be created only to augment programs and services which were funded in the 1998/99 budgeted year.

The assessed needs of the regional health boards and non-designated organizations, as of July 1999, are shown below in Exhibit 1.

During this exercise it became apparent that organizations use varied nursing budgetary processes making data and information comparisons among organizations virtually impossible.

To enable bench marking at the organizational level and the development of reliable nursing information at the provincial level, the Nursing Action Team recommends that nursing budgetary processes be standardized among all organizations funded by the Department of Health.

For *long term care*, two approaches were taken. Firstly, the Department of Health was asked to provide us with an assessment of additional nursing resources required by the nursing home sector. It must be recognized that the infrastructure does not exist in Nova Scotia through which the adequacy of current nursing resources can be objectively assessed. A reliable resident assessment and classification instrument, a workload measurement system and nursing staffing standards are all essential to evidence-based decision making on this subject. All of these tools are non-existent in the nursing home sector, as is the absence of a workload measurement system in most acute care facilities.

In the absence of all the above, the Department of Health suggested the rudimentary rule of .5 hours of RN care per day per resident, however, in doing so, the Department emphasized that they had no scientific evidence which would indicate that this "standard" was adequate. If such a "standard" was followed, it was estimated that 35 additional RNs would be required.

The Nursing Action Team elected to survey all nursing home providers to ascertain directly from providers their assessment of nurse staffing needs. Responses were received from 53 of 69 homes constituting a response from 4,422 beds. Based on this result, the Action Team extrapolated the need across the full nursing home sector and the result is displayed in Exhibit 1 which follows:

EXHIBIT 1: ADDITIONS TO CORE NURSING COMPLEMENT (July, 1999)

	RNs	LPNs	Public Health (RNs)
Western Regional Health Board	70	2	5.0
Central Regional Health Board	47.2	5.1	5.0
Northern Regional Health Board	29.1	6.4	6.0
Eastern Regional Health Board	26.4	1.0	6.0
Cape Breton Healthcare Complex	33.5	3.9	-
Nova Scotia Hospital	49	3.5	-
IWK Grace Health Centre	53.1	-	-
QEII Health Sciences Centre	70		
Long Term Care	100	150	-
TOTAL	478.3	171.9	22

Adult Residential Centers and Regional Rehabilitation Centres which are under the jurisdiction of the Department of Community Services were also surveyed, and it is estimated that seven additional RNs and 17 LPNs are required by this segment of the Nova Scotia continuing care community. These figures are not shown in Exhibit 1 as Department of Community Services agencies were not part of the Nursing Action Team mandate, however, the nurse staffing needs of these agencies should be included in provincial nursing resource planning and recruitment programs.

In the interval since this survey was conducted, the situation has deteriorated. In the acute care sector, experienced RNs have accepted employment in home care while in the nursing home sector, several organizations have lost experienced RNs and LPNs to acute care. Homes throughout the province are reporting extreme difficulty in staffing their organizations to meet legislative requirements and to provide adequate care to a dependent population. The option available to hospitals of closing beds and canceling admissions is not available to nursing homes. Residents cannot be discharged. Most, if not all, reside in nursing homes because their health needs and/or psycho-social skills have deteriorated to the point that they are unable to safely function independently. Call-backs, overtime, and the deployment of administrative positions to resident care duties are now the order of the day. Even with these approaches, resident care is at risk of being compromised.

Acute care organizations report similar circumstances and similar interim responses, all of which are not tenable in the long term. The Nursing Action Team fears that the current situation will only worsen and client safety placed at risk unless definitive action is taken in the next few weeks.

The Conversion of Casual Positions

The Nursing Action Team reached consensus early on that casuals should not be deployed to meet regular and ongoing staffing needs. We also agreed that a certain level of casualization is required to offset peaks in workload and unpredictable staffing shortages.

The conversion of casual positions to FTEs is a complex issue. How casuals are deployed within organizations and the backfill (e.g. holidays, sick leave, vacation, education leave, etc) required for full-time positions must be considered and factored in to any equation or formula which allocates positions to organizations. Several options for the allocation of "casual conversions" among organizations were explored, none of which presented a viable, fair and equitable approach.

The Nursing Action Team recommends that money be allocated to organizations to enable employers to develop, in concert with their unions, innovative approaches to the deployment and compensation of casuals. Ultimately, our shared goal is that casual work will be an attractive work option within our hospitals, nursing homes and public health offices.

It will be the responsibility of each organization to maximize the utilization of these dollars within the following accountability framework.

- New nursing FTEs are to be deployed to stabilize existing staff complements.
- Core staffing is inclusive of budgeted, paid time off.
- New positions will be RN and LPN positions only.
- New nursing positions are to be created only to augment programs and services which were funded in the 1998/99 budget year.
- Each organization/sector will report on how allocated dollars were implemented, specifically the number of new positions/conversions created, the steps taken to decrease the organization's reliance on casualization and those taken to make the essential casual positions more attractive and satisfying work options.

EXHIBIT 2 - FUNDING DISTRIBUTION REGARDING CORE NURSING NEEDS

Formula:

$$\frac{\text{RNs} + (\text{fx}) \text{ LPN} + \text{PH for each organization} \times 100\% \times \text{money available}}{\text{Total RN} + (\text{fx}) \text{ LPN} + \text{PH needs}} = \# \text{ of dollars to each organization/LTC section}$$

Given:

- (a) Core needs (rigorous but not scientific) have been determined through the Nursing Action Team.

Totals: 478.3 (RNs)
171.9 (LPNs)
22 (PHNs)

- (b) Maximum \$ used for salary, benefits, time off, replacement, etc. is 130% of salary:

RN	\$58,280	=	1.000 RN FTE
LPN	\$40,300	=	0.690 RN FTE
PHN	\$60,298	=	1.035 RN FTE

Positions to Dollars:

	RN	LPN	PHN	RN FTEs	% of Available Funds
WRHB	70/	2/	5	= 76.555	12.35%
CRHB	47.2/	5.1/	5	= 55.894	9.02%
NRHB	29.1/	6.4/	6	= 39.726	6.41%
ERHB	26.4/	1.0/	6	= 33.300	5.37%
CBHB	33.5/	3.9/	0	= 36.191	5.84%
NSH	49/	3.5/	0	= 51.415	8.30%
IWK	53.1/	0/	0	= 53.100	8.57%
QEII	70/	0/	0	= 70.000	11.29%
LTC	100/	150/	0	= 203.500	32.84%
Total	478.3/	171.9/	22	619.681	100% approx.

\$36 million is required to fully implement Exhibit 1 and this funding for new positions and/or casual conversions must be made available on an annualized basis.

Nursing Recruitment

Part of the original mandate given to the Nursing Action Team was to 'recommend a nursing recruitment process.' In response, a nursing recruitment subcommittee was established, and the report of same is appended. (See Appendix E).

As identified in the report, "*Nursing in Nova Scotia: Strengthening the Foundation*," a multitude of issues are effecting the recruitment and retention of nurses in this province. A recruitment process which fails to recognize these systemic issues will not produce the desired long-term results. Therefore, we are recommending that a provincially coordinated recruitment initiative, integrated across all sectors, be implemented immediately, and simultaneous processes

be put in place to address systemic issues such as casualization, workload, quality of work life, etc. The appended report offers our observations of how this could be achieved.

A Provincially Coordinated Recruitment Initiative

At present the recruitment activities of individual organizations are transferring the nursing shortage from one organization to another, from one sector to another. In addition, these recruitment activities are producing less than desired results as the resources to mount effective campaigns or the incentives to entice nurses to return and/or to stay in Nova Scotia are not available. The Nursing Action Team is very concerned that our already limited nursing workforce is being raided by other jurisdictions.

We recommend that a provincially coordinated initiative be mounted immediately.

Key considerations of this recruitment initiative are:

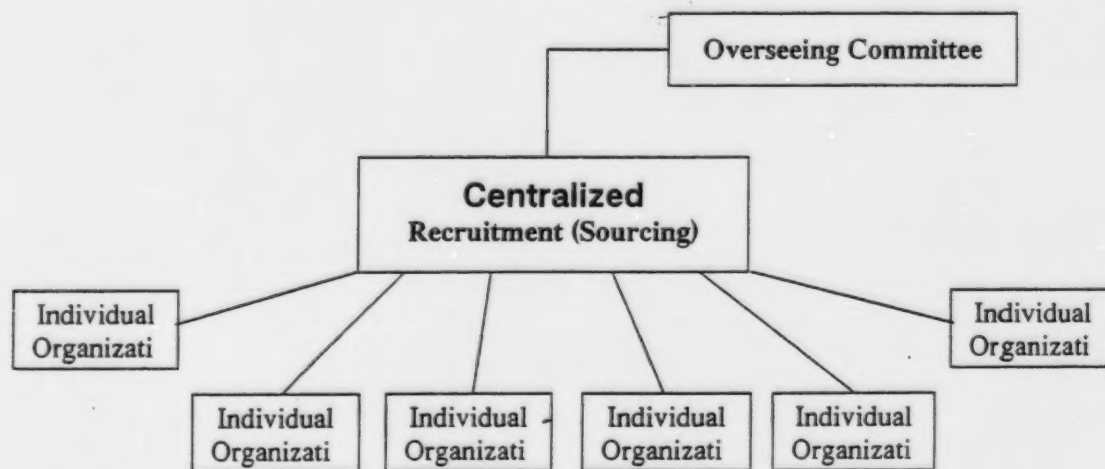
- **An inventory of need:** The Nursing Action Team's assessment of need occurred in April/May for acute care and July for continuing care. These figures require updating. Our sense is that the situation has become more acute in recent months.

It is highly unlikely, however, that nurses will relocate to, or stay in Nova Scotia, for less than permanent, full-time positions. Many current vacancies, for example, are for part-time and casual work. Creative approaches for the compensation and deployment within an organization and among a cluster of organizations are necessary.

- **Nova Scotia's competitive position in the nurse recruitment field:** It is well documented that a nursing shortage is being experienced throughout North America. Nova Scotia salaries and benefits must be competitive with other provincial jurisdictions. In addition, Nova Scotia must offer competitive recruitment and retention incentives, e.g. relocation allowances, signing bonuses, continuing education and retraining incentives.
- **A comprehensive and sophisticated marketing campaign:** Nova Scotia has much to offer. The beauty of this province and our way of life are being successfully marketed by the tourism industry; and a nurse recruitment initiative must use similar intensity to "sell" our attributes to prospective employees. The capacity of the Internet, job fairs, and other advertising venues must be exploited to its fullest. To even hold our own on nursing supply, Nova Scotia must create a bona fide presence in the nurse marketing arena. Marketing materials have to be of a sufficiently high caliber to compete with those being produced by the larger centers in Canada and the United States. One of the distinct benefits of a provincially coordinated program is that the materials produced will benefit the entire health system.
- **It is imperative to coordinate future recruitment initiatives with any forthcoming labor adjustment strategy.**

- **The participation of the soon-to-be appointed nurse policy advisor, nursing representatives and their employers in establishing the parameters of this provincial recruitment initiative.**
- **The integration of a provincial recruitment initiative with the activities of individual organizations.** Individual organizations must retain the authority to assess the suitability of candidates and the hiring responsibility.

Sourcing (advertising, job fairs, vacancy co-ordination, marketing) are most appropriately performed centrally. Current web-based technology will facilitate the linkage between the central recruitment (sourcing initiative) and the efforts of individual organizations.



**Report on the Action Team
on Nursing Education Strategies**

Mandate

The Action Team on Nursing Education Strategies (ATNES) was established by the Department of Health (DOH) in June 1999. The mandate was to provide the Department and the Provincial Leadership Committee (PLC) with: recommendations for undergraduate enrollment expansion; recommended criteria for guiding principles and a budget for the provision of specialty education, and priority continuing education for licensed practical nurses (LPNs) and registered nurses (RNs).

The team was also requested to investigate the efficacy of transferring the nursing education mandate from the Ministry of Health to the Ministry of Education. (See Appendix C for the specific terms of reference.)

In addressing the continuing education needs of LPNs and RNs the team recognized the importance of including the perspectives of the long term care sector as well as the policy directions of the Department of Health. The membership of the team was expanded in August 1999 to include representatives from Long Term Care (LTC) and DOH.

Process and Guiding Principles

The membership of the ATNES provided a unique opportunity for stakeholders in nursing to bring together perspectives from basic and continuing education, employers in acute and long-term care settings, RNs and LPNs associations and the nursing unions in establishing an action plan for nursing education strategies in Nova Scotia.

The Action Team on Nursing Education Strategies acknowledged and utilized in its deliberations the significant work completed by previous task forces and ad hoc committees (e.g. Task Force on Nursing, 1991; Code Blue, June 1999; Nursing in Nova Scotia, August 1999) and the DOH documents within the province (Appendix D).

Several key principles provided the foundation for the achievement of the team's mandate:

- Basic and continuing education strategies for registered nurses and licensed practical nurses should reflect and be responsive to the overall vision and goals of the health care system in Nova Scotia.
- The planning for nursing resources must consider the roles of the different categories of nursing personnel and their roles in relation to other providers of care.
- Basic and continuing education programs for registered nurses and licensed practical nurses are interdependent with recruitment and retention issues.
- Basic and continuing education programs for RNs and LPNs should be responsive to the changing health care environment.

Undergraduate Enrollment Expansion

In June 1999, the government approved the 75-seat expansion at the undergraduate level at St. Francis Xavier University and Dalhousie University Schools of Nursing proposed by the ATNES. This approval provided for the necessary five-year budget required to expand the seats at Dalhousie School of Nursing by 25, 25 at St. FX and 25 seats at St. FX satellite campuses at the University College of Cape Breton (UCCB). An updated budget projection is included in Appendix F.

Although the ATNES's work focused on the immediate needs for registered nurses in the province, it became evident that a process was required for monitoring and reviewing the enrollment numbers of registered nurses and licensed practical nurses on an ongoing basis.

The universities were able to act quickly in response to the approval of the expansion in June 1999 and have been very successful in filling the additional nursing seats.

Recognizing the challenges of recruiting qualified candidates in other parts of the country over the past number of years, it will be important for St. FX and Dalhousie to have a recruitment strategy to ensure that subsequent years are as successful as 1999.

To ensure that the enrollment levels of registered nurses and LPNs meet the population health needs, the ATNES recommends that a standing committee be established to regularly monitor and review enrollment with regular reporting to the appropriate government department. The membership should be similar to the Action Team.

Recruitment and Retention

The recruitment and retention of nurses is becoming a significant issue provincially, nationally and internationally. This has created an increasingly competitive environment for the recruitment of nurses witnessed by the numerous attractive and costly recruitment packages being offered to Nova Scotia nurses to leave this province.

The ability to recruit and retain nurses in basic education programs and practice settings in all sectors of the health care system is imperative to ensure public safety in the delivery of health care in Nova Scotia.

The ATNES strongly endorses the ATS recommendation that a provincially coordinated recruitment initiative be mounted immediately utilizing the framework outlined in Appendix E.

Bursaries for Nursing Students

The availability of "bursaries" has been identified as a strategy to positively influence the recruitment and retention of nurses in the province of Nova Scotia.

To provide incentives for the recruitment and retention of nursing students in the province, the Department of Health requested the ATNES review and recommend the process for disbursement of the bursary funds (\$50,000) allocated for the first year in 2000. The ATNES understands the total amount of available bursary funds will increase in subsequent years. It was recommended that 2/3 of the funds for 2000 be allocated to RN students and 1/3 allocated to LPN students in the following way:

- RN - In the first year of implementation, for Year 4 BScN students resident in Nova Scotia, applying between February 15 - March 31/00, the bursary will pay up to \$2500 of the tuition with a one-year return of service contract. An additional \$2500 will be paid to the recipient after this one year of service is completed. The Department of Health will assist with the identification of nursing position vacancies in the province.
- LPN - LPNs may apply for assistance with the tuition for the LPN Refresher and/or LPN Pharmacology courses with a one-year return of service contract. The minimum amount will vary depending on the number of applicants for the course(s).

In subsequent years, the action team recommends that the Department of Health develop a provincial approach to communicate broadly and administer bursary funds to RN and LPN students. Bursary support should be consistent with the principles and allocations provided for in financial incentives programs currently dedicated to other health disciplines and competitive with other Canadian jurisdictions.

The team also recommends that the bursary incentive be integrated, monitored and evaluated in the overall framework for the recruitment and retention of nurses in the Province of Nova Scotia. (Appendix E)

Transference of the Nursing Education Mandate from the Ministry of Health to the Ministry of Education

Given the complexities and differences in current funding mechanisms for university nursing education programs (Department of Health and Department of Education). The Action Team on Nursing Education recommends that:

The Deputy Minister of Health establish a committee to review funding mechanisms for nursing education programs comprised of the representatives from Dalhousie University, St. Francis Xavier University, a representative from the Nova Scotia Council on Higher Education, the Department of Health and

the Registered Nurses Association of Nova Scotia. The team suggested the following positions from the university to complete the work.

Dalhousie University: B. Downe-Wamboldt, Director of the School of Nursing; L. McIntyre, Dean of Faculty of Health Professions; B. Christie, Director of Institutional Affairs

St. Francis Xavier University: A. Gillis, Chair of Nursing Department; Tom Langley, Vice President of Administration; Winston Jackson, Director of Institutional Research

To ensure the interests and issues of all stakeholders are heard (QEII HSC, Western and Eastern Regional Health Boards, IWK/Grace, the NS Hospital and CBHC) representatives should be consulted in shaping the final recommendation(s). Reporting to the Deputy Minister of Health, the terms of reference for this committee will be:

- Review current funding mechanisms for university nursing education programs.
- Analyze the pros and cons of current funding mechanisms.
- Create policy options to address identified issues.
- Recommend policy to the Deputy Minister of Health to address issues.

Continuing Education for Registered Nurses and Licensed Practical Nurses

Continuing education for registered nurses and licensed practical nurses was defined as a significant issue in the recruitment and retention of nurses. The ability of the nursing workforce to respond to current health system changes is largely determined by the availability of resources to update knowledge, skills and competencies. The interdependence of these issues has been clearly identified in the nursing literature and reports previously completed within the province.

For purposes of this report, continuing education was considered in its broadest sense, i.e. to include orientation, staff development and specialty education activities. To provide clarity, these education activities were further defined as follows:

Orientation: The process by which an agency acquaints employees with policies, procedures, philosophies, purposes and role expectations related to a new job. This may pertain to a new employee or an employee moving to a new role in the same agency (Task Force on Nursing, 1993)

Orientation requirements for new employees who are also new graduates are unique and must address educational needs related to integration to the workforce and the profession

Specialty Education: refers to RN/LPN clinically focused courses and programs leading to a certificate

Staff Development: refers to learning activities designed to maintain and enhance the individual's nursing competencies. The learning activities generally are competency driven and job specific. As well, learning activities may be directed to the individual nurses' personal and professional goals for career enhancement

The team reviewed and compiled the current specialty education programs for RNs and LPNs and their respective enrollments and current spending levels throughout the province as outlined in Appendix G.

In the development of criteria and guiding principles for funding of specialty education program strategies, the members of the ATNES identified the need to address both the current priorities of the health care system and the longer term specialty education needs of the nursing workforce in response to the changing health care delivery system. Acknowledging the anticipated demographic changes over the next 5-10 years new courses/programs will be required in emergency, ambulatory care, gerontology, oncology, nurse practitioner were identified as critical to address the health needs of the population in Nova Scotia.

Criteria and Guiding Principles for Specialty Education

- The role of RNs and LPNs in the health system will dictate the requirements for education/training necessary to support specialty practice.
- Priority courses/programs identified should be congruent with the vision and goals of health in Nova Scotia.
- The identification and selection of courses/programs should reflect the demographic and health status profile, prevalent chronic conditions and the broad determinants of health in Nova Scotia.
- Educational program initiatives should be decentralized to the districts and be accessible and congruent with the educational needs where they exist.

The ATNES recommends that the Department of Health Nursing Policy Advisor coordinate a provincial process to oversee the identification, funding implementation and evaluation of ongoing continuing education requirements for RNs and LPNs.

Orientation

Nursing staff must be oriented to their work area if they are to be productive and effective in their role. Due to the nature of our healthcare system, orientation programs are required not only for new graduates, but also for staff who are newly hired or transferred to another work area. The integration of services with merger of facilities have contributed to new requirements for orientation of nurses to provide for smooth integration in to multiple work areas.

The type of orientation will vary based on the knowledge, skill and competency of the nurse, her work experience and the expectations of the work area. New graduates need a longer period of orientation.

The Action Team recommends that the Department of Health Nursing Policy Advisor in consultation with key stakeholders, including nurse managers from all sectors of the health care system develop standards and a funding formula to support orientation.

The Action Team recommends the Nursing Policy Advisor, in consultation with the universities, practice sites and unions develop and evaluate orientation strategies (e.g. preceptorship programs) that can be applied across all sectors in the health care system.

Other Care Provider Roles

Personal care workers are important team members within the health care system. The need to clearly define roles and accountabilities of the PCW in the health care system will become increasingly important.

It is recommended that the membership of the PCW advisory committee to the DOH be expanded to include an RN and LPN who represent their respective regulatory authorities.

Conclusion

In the interval since the Nursing Action Team was established, the shortage of nursing staff in this province has escalated. Without definitive and immediate action by Government, we believe that this situation will continue to deteriorate and health care organizations will be in the untenable position of providing resident/patient care without adequate nursing resources. We strongly encourage government to immediately allocate funding for the creation of new nursing positions, for the conversion of casual positions, and for the establishment of a provincially coordinated nurse recruitment initiative.

Nursing education for both RNs and LPNs is interdependent with recruitment and retention problems. The recent addition of 75 university nursing enrolment seats and the \$50,000 bursary fund offer a partial solution in the short term. It is essential, however, that government immediately establish a mechanism to proactively monitor enrolments on an ongoing basis relative to the cyclical reoccurrence of RN and LPN supply problems. Furthermore, the bursary incentive must be substantially enhanced for Nova Scotia nursing education programs to compete effectively (with other university programs and with other nursing programs in Canada) for qualified students. Continuing nursing education in this province has evolved in the most fragmented, uncoordinated fashion and we urge government to take immediate action to establish a coordinated approach to the priorities identified in the foregoing recommendations which will enable the nursing workforce to respond effectively to health system changes.

Appendixes

Proposed Process for Implementation of Staffing Component of BUDGET INITIATIVES ON NURSING	
Process	Establish an Action Team on Nursing Staffing in Hospitals
Terms of Reference	1. By end of June 1999, provide Department of Health (DoH) and Provincial Leadership Committee (PLC) with recommended criteria and conditions for provision of funding to cover cost of casual conversions and creation of new positions and recommended nursing recruitment process. 2. By end of June 1999, provide DoH and PLC with proposed distribution of 100 new positions. 3. By end of July 1999, provide DoH and PLC with recommended list of casual conversion opportunities. 4. By end of August 1999, provide DoH and PLC with proposed distribution of rest of new positions (100). 5. Oversee creation of new positions and conversions of casual positions in accordance with criteria and conditions and approved priorities. 6. At each step in the process and before making recommendations to DoH and PLC, meet with and receive input from group of nursing leaders.
Membership	Regional Health Boards (1) – David Rippey (NRHB) Non-Designated Organizations (1) – Anne McGuire (NSH) Nurse Administrators (2) – Chris Power (QEII); Betty Mattson (WRHB) Nurses (2) – Linda Percy (NSGEU); Heather Henderson (NSNU) Long Term Care Representatives (1) Department of Health (2) – including new Nursing Advisor, when appointed Advisory/Secretariat: Nova Scotia Association of Health Organizations (NSAHO)

Nursing Action Team on Staffing Membership

Regional Health Boards	Dr. David Rippey (co-chair) Northern Regional Health Board
Non-Designated Organizations	Anne McGuire (co-chair) Nova Scotia Hospital
Nurse Administrators	Betty Mattson, Western Regional Health Board Mary Ellen Gurnham, QEII Health Sciences Centre
Nova Scotia Nurses Union	Heather Henderson
NS Government Employees Union	Linda Percy (Replaced in October by Carole Allen)
Long Term Care	Kristin Schmitz, St. Vincent's Guest House (joined at meeting of September 9)
Financial Perspective	Yolande LeVert, Eastern Regional Health Board (joined at meeting of June 25)
Department of Health	Rick Anderson, Director of Human Resources Rick Cameron, Director of Health Human Resource Planning (joined at meeting of June 25)

The Nova Scotia Association of Health Organizations (NSAHO) was Advisory/Secretariat to the team and was represented by Phil Veinotte, Director of Human Resources, and Helen Patriquin, Chief Liaison Officer.

Proposed Process for Implementation of Nursing Education Initiatives	
Process	Establish an Action Team on Nursing Education Strategies for Nova Scotia
Terms of Reference	7. By July 9, 1999, provide the Department of Health (DoH) and the Provincial Leadership Committee (PLC) with a five-year budget rollout required to support an undergraduate enrollment expansion of 70; 45 at Dalhousie School of Nursing, and 25 at St. Francis Xavier. In addition, the plan will provide for a satellite campus of St. Francis Xavier in Cape Breton. It is understood there will be ongoing support for the Dalhousie School of Nursing satellite campus in Yarmouth. 8. By July 9, 1999, provide the DoH and PLC with recommended criteria and guiding principles for provision of funding for specialty education, and a focused coordinated recruitment plan for the profession of nursing. 9. By July 16, 1999, provide a proposed budget plan to address strategies to support priority specialty nursing education requirements. 10. By July 16, 1999, provide a proposed budget plan to address strategies to support priority continuing education requirements for RNs and LPNs. 11. By August 30, 1999, provide a proposed action plan to investigate the efficacy of transferring the nursing education mandate from the Ministry of Health to the Ministry of Education. 12. Immediately establish a formal mechanism to link the work of the action team with the ongoing work of the Action Team on Nursing Staffing in Hospitals to ensure a collaborative, integrated and coordinated nursing implementation strategy.
Membership	Registered Nurses' Association of NS, Co-Chair – Carolyn Moore Regional Health Boards, Co-Chair – Brenda Payne (NRHB) Dalhousie School of Nursing – Dr. Barbara Downe-Wamboldt St. Francis Xavier University – Ellen MacFarlane, Angela Gillis Licensed Practical Nurses Association – Albert MacIntyre NS Government Employees' Union – Martha Brown NS Nurses' Union – Heather Henderson Non-Designated Organizations – Evelyn Schaller (CBHC) QEII Health Sciences Centre – Specialty Education – Michele Brennan Department of Health Nursing Advisor – Pam Reid NS Council of Higher Education

Action Team on Nursing Education Strategies Membership

Registered Nurses Association of NS	Carolyn Moore (Co-Chair)
Regional Health Boards	Brenda Payne (Co-Chair) Northern Regional Health Board
Nova Scotia Nurses Union	Heather Henderson
NS Government Employees Union	Martha Brown
Long Term Care	Kristin Schmitz, St. Vincent's Guest House (joined at meeting of September, 1999)
Department of Health	Rick Cameron, Director of Health Human Resource Planning Pam Jones, Research Officer
Dalhousie School of Nursing	Dr. Barb Downe-Wamboldt
St. Francis Xavier University	Ellen MacFarlane
Licensed Practical Nurses Association	Albert MacIntyre
Non-Designated Organizations	Evelyn Schaller Cape Breton Healthcare Complex

FRAMEWORK FOR NURSING RECRUITMENT

A Report prepared by the Subcommittee of the Nursing Action Group
November 1999

Submitted by:
R. Anderson
R. Cameron
B. Mattson
P. Veinotte

INTRODUCTION

From September 1998 to March 1999, the Working Group on Health Human Resources and the Health Human Resources Planning Unit of the Department of Health conducted an extensive study of nursing in Nova Scotia. The study involved a number of internal research projects and literature reviews, external research contracts and a series of focus group consultations with all major health care stakeholders, including regional health boards, non-designated organizations and representatives from every major sector of the province's nursing community. The project resulted in the release of the report *Nursing in Nova Scotia: Strengthening the Foundation* in August 1999. Subsequently, at the request of the Deputy Minister, the Nursing Action Group on Staffing was formed to address some of the identified issues around nurse employment. Among other roles the committee was to develop a nursing recruitment strategy for Nova Scotia.

Contained herein are key elements of this recruitment and retention framework, with recommendations as to how to implement the strategy. This report is not intended to outline all of the issues facing the nursing profession as documented in the *Nursing in Nova Scotia: Strengthening the Foundation* but refers to those which directly impact upon recruitment and retention efforts.

It is recognized that a nursing recruitment strategy is a component of a comprehensive nursing resource planning framework. It is well documented that nursing personnel comprise the largest population of any health care agency budget, yet little nursing human resource planning has occurred (Baumann, O'Brien-Pallas, Butt (1999), Hall (1993). Evidence also exists that an appropriate level of nursing resource is linked to improved patient outcomes. This evidence supports the necessity for the development of a nursing human resources plan.

A comprehensive nursing human resource planning framework contains three interrelated components:

1. **Planning** - determining the number of health personnel and the type of knowledge, skills and attitudes required to achieve predetermined health targets.
2. **Production** - analyzing the education system, including the quality and quantity of graduates.
3. **Management** (sustainability) - examining the work environment as well as the mobilization, motivation and development of nursing staff.

This comprehensive framework provides a methodology to project supply and demand, however, it is also necessary to examine other interrelating factors such as characteristics of the population to be served to determine future health care needs and impact on health system utilization. In addition, the characteristics of the currently practicing nursing population, as well as that from which future nurses will be drawn, must be examined. Education institutions will adjust their enrollments to meet the established human resource requirements. In addition, the ability to provide a quality work environment will assist to retain existing nurses in the health care system. The barriers that affect practice environments need to be eliminated in order for nursing leaders

to manage the current workforce. Job satisfaction and a quality practice environment are key to both recruitment and retention.

In conclusion, a nursing human resources framework which includes the components of planning, production and management is a cyclical one. Management decisions which affect the practice environment will, in turn, affect supply of and demand for nurses (planning) and the number of new people entering the profession (production). A successful nurse recruitment strategy, therefore, is dependent upon the strength of the overall framework for nursing human resources planning.

FRAMEWORK FOR RECRUITMENT AND RETENTION OF NURSES

PLANNING

Planning is defined as determining the number of health personnel and the type of knowledge, skills and attitudes required to achieve predetermined health targets. In this context we must determine the number of nursing personnel required to meet the care delivery objectives - **the demand. We must also examine the number and characteristics of nurses in the current and future workforce - the supply. Comparisons of projected demand and supply will help us determine the degree to which nursing personnel is expected to "match" the population's health care needs and thereby inform future decisions around production and management of nursing human resources.**

A primary source of personnel support to the core nursing staff has been from the non-regular nursing personnel; casual nurses. The following sets out factors to be considered relative to casuals as we plan for the recruitment strategy:

Casual nurses:

- Present **inability** to attract and retain casual RN's
 - ◆ limited responses to advertisements
 - ◆ problem in attracting casual or regular staff to rural areas
- Lack of casuals places added workload and schedule burdens on regular staff.
 - ◆ inability of staff to have short term leaves (vacations, holidays)
 - ◆ increase fatigue and subsequent illness of staff
 - ◆ adverse impact on morale
 - ◆ increases in overtime, callback to regular nurses
- Nature of casual work makes schedule planning impractical
 - ◆ need for casual coverage fluctuates due to workload peaks
 - ◆ limited financial resources restrict regular scheduling of casuals
 - ◆ high demand and limited numbers of casuals affects availability

- Regular part-time nurses replacing casual nurses.
 - ◆ collective agreements regulate the assignment of some available casual work

Planning action required:

The following identifies initiatives to be undertaken in the planning for a recruitment and retention approach.

- i. It is recommended that:

The current levels of nursing staff (RNs, LPNs) be examined and be measured against the identified staffing needs to indicate the nursing personnel deficiencies. (i.e. recruitment needs).

Determined for each DHA(RHB), PHCC (NDO)/LTC by:

- Validating the figures submitted in March 1999 by the nursing leaders
- Determine if the 1999-2000 business plans impact on the targets.
- Obtain from each organization: their attrition numbers, expected vacancies (retirements).
- Provide funding to convert casual positions to regular full-time/part time positions and, where possible, develop strategies to place casual workers in organizations in more attractive ways. Such considerations could include:
 - ◆ full-time employment float pools;
 - ◆ callback benefits and other increased compensation approaches;
 - ◆ other initiatives or financial incentives for casuals.

2. It is recommended that:

A provincial Nursing Human Resource Planning Committee (NHRPC) be established.

Membership to include the nursing leaders (union and management) from acute care, public health and long term care, HR personnel and the Nursing Policy Advisor.

Immediate mandate includes:

- (a) Determine the future supply of nursing resources for 2000-2001, as soon as possible by:
 - i. Each region/NDO/LTC sector determines the number of retirees for 2000-2001.
 - ii. Each region/NDO/LTC sector will identify their needs for 2000-2001.
- (b) The committee will examine the number of new graduates for 2000-2001 and determine their future intentions for working in the province.

- (c) Determine strategies to replace casual workers in agencies that will enable recruitment to be attractive endeavor, (e.g. full-time float pools, callback, initiatives for casuals, incentives for casuals).

PRODUCTION

Production is defined as the source of nursing professionals. This has been essentially from the education system. We must determine the quality and quantity of nursing personnel available to the system - **the supply**. The analysis of supply must take into account the needs of the health system for the next five years considering population characteristics and nurse employment characteristics. This aspect may well be a longer term planning component.

The usual and most commonly relied upon source of nursing personnel is primarily from newly prepared graduates within the Nova Scotia education system.

As the number of nurses enrolled may not meet the demand of the health system and as the number of high school graduates entering the nursing profession has decreased, recruitment strategies to entice nursing staff from other jurisdictions must be initiated.

Issues

- The number of nurses enrolled in universities may not meet the demand of the health care system.
- The number of high school graduates entering the nursing profession has decreased due to competitive career choices.
- Barriers in nursing practice affects retention of experienced nurses.
- Lack of career mobility affects career choices.

Action

1. Determine the number of graduates that will be available to Nova Scotia agencies each year.
2. Determine the supply and the demand required to meet the needs of the health care system for the next five years considering population characteristics and nurse characteristic requirements.
3. Develop an information package for high school graduates promoting nursing as a career.
4. Establish job fairs for high school students throughout the province each fall to promote health care careers.
5. Establish bursary programs funded by the provincial government as an incentive to enter nursing programs.

6. Establish a recruitment campaign to recruit experience Canadian nurses from the USA to Nova Scotia. The recruitment incentives need to include relocation expenses, sign up bonuses and assistance with accommodations to be competitive with today's market.

MANAGEMENT (Sustainability)

The management of the process pertains to the sustainability of the programs and processes required to meet nursing personnel needs both immediate and on a long term basis. The work environment of the nurse must be examined and this should include consideration of the employers' ability to obtain nurses where they are needed as well as consideration of the quality of the work life in nursing.

Issues

- Nurses with specialty training needed in all agencies.
- Specialty training located at large centers and not easily accessible to remote areas.
- Tuition cost, travel, replacement costs very expensive for the employer and not funded in budgets.
- Lack of funds for orientation/mentorship programs/continuing education.
- New graduates are not "job ready" when they graduate. No resources for lengthy orientation.
- Lack of promotion opportunities.
- Incentives to recruit staff are lacking or are not consistent within the Province.
- Inconsistent funding for agencies in non-nursing support (e.g. ward clerks, equipment).
- Each of innovation/education/training for rural areas.

Action - There is a critical need to address nurse recruitment issues immediately. The following are suggested short-term responses to address problem areas such as those set out above:

1. Funding is required to resource agencies to provide excellent orientation, mentorship program for nurses.
2. The provision of funding to agencies to support specialty training programs in the province will achieve a consistent number of nurses enrolling each year based on need. Specialty training needs to incorporate clinicians from rural areas as part of the teaching team.
3. Universities require clinical and practicum opportunities in rural areas. Funding for nursing students to support this endeavor is essential.
4. The establishment of a cooperative program for 3rd and 4th year students is a necessity to enhance job readiness and as a recruitment strategy.
5. The provision of funding for continuing educational needs that will enhance patient care.

6. The provision of funding to create the supports to enhance nursing care, e.g., funding for ward clerks, equipment - such as safe stretchers.

INFORMATION SYSTEM

It is imperative that an information system be established that will provide a database to assist in planning health human resources.

CONCLUSION

The initiatives presented in this document are the primary issues that effect nurses provincially and across Canada. The expediency of addressing these issues is a necessity for stabilizing nursing now and into the future.

Nova Scotia Department of Health
Funded University Expansion 25 Seats/Campus
Annual Budget Requirements
1999-2004

	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004
1. Dalhousie University Metro Project	150,547	218,741	323,712	434,683	434,683
2. St. Francis Xavier University	240,000	466,793	700,190	933,587	933,587
3. St. FX Funding Required (Nursing Component)	186,085	340,920	495,755	650,590	619,340
UCCB Funding Required (Non-Nursing Component (UCCB))	320,000	963,425	650,795	683,860	655,860
Grand Total	896,632	1,989,879	2,170,452	2,702,720	2,643,470

**Specialty Education for RNs and LPNs
An Inventory for 1999-2000**

RN Programs

Program	Organization	Enrollment	Budget
1. Critical Care	QEII Health Sciences Centre	53 (onsite – 15, distance – 38)	\$354,881
2. Perioperative	QEII Health Sciences Centre	26 (onsite – 14, distance – 12)	\$65,548
3. Mental Health	Dalhousie School of Nursing, Nova Scotia Hospital	5	\$58,000
4. Prenatal Education Partnership Project	IWK Grace Health Centre	nil	\$230,000

LPN Programs

Program	Organization	Enrollment	Budget
1. Pharmacology	Nova Scotia Community College	57	unknown (funded by the Department of Education)